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CONTENTS.

Original Communications—

The needs of the Medical Profession. An Address delivered before the Alumni Association of the Chicago Medical College, by Norman Bridge, M. D., President of the Association..... 81

Clinical Reports—

Excision of Hip-Joint for Morbus Coxarius, by N. Senn, M. D..... 87

Editorial—

Physicians' Relief Fund—Final Report..... 89

Summer Medical Instruction; American Medical Association..... 90
The Western Lancet; The Lens..... 91

Gleanings from our Exchanges—

A New Pessary; Traumatic Tetanus treated with Electricity; 91
Tartrate of Iron and Potassa in Typhoid fever; Billroth on 92
Ovariectomy; Chloral..... 92
Ophthalmoscope in Bright's Disease; Absence of Vagina; 93
Periodical Headaches..... 93

News Items..... 93

Necrologist's Report..... 94

Money Receipts to March 1st..... 96

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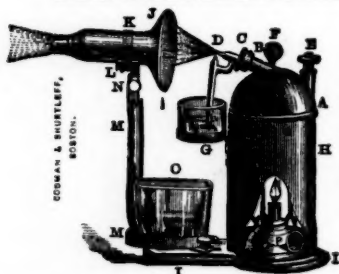


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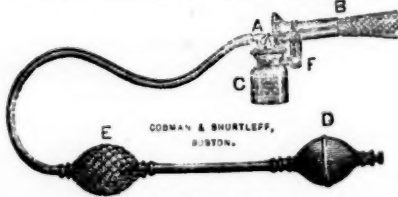
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Original Communications.

THE NEEDS OF THE MEDICAL PROFESSION.

AN ADDRESS DELIVERED BEFORE THE
ALUMNI ASSOCIATION OF THE CHICAGO
MEDICAL COLLEGE, MARCH 12, 1872.

BY NORMAN BRIDGE, M. D., PRESIDENT OF THE
ASSOCIATION.

The annual address before an Alumni Association seems almost a useless formality. It is our habit to expect certain things to be said, and said in a certain way. We look for congratulations that another year finds us together, and that another class is added to the alumni; for the statement that the influence of our Association ought to be greater; and that the members must be faithful to the organization; for a few reflections on our general working; and above all, we look for the information that our *alma mater* continues faithful.

We expect, too, that the address will, after apology for its own weakness and thanks for the honor conferred by allowing it to be made, send the few of us who gather at the annual reunion, back to our homes with benediction.

Let me say just as few such words as possible.

The aims and objects of this Association I need not stop to tell—every member understands them. Nor would words of mine induce members to act differently toward the organization than they have in the past.

We have now been in existence five years, and ought to be no stripling. Our membership numbers hundreds, and we have done some things which even *we* may call commendable. One, surely, has been offering a prize for an essay—the apathy on the subject of writing having proved our need of such a measure; another, perhaps, is the compiling of a necrology of our alumni, however much or little we have done for our *alma mater*. Three times has a prize been offered for the best essay—the first year it was not awarded for want of competing essays written according to the rules; the second year only two essays were presented, and this year not one.

How far this matter has come to look trivial

by such neglect; what it indicates for the scientific and literary taste of the alumni, the Association may judge.

Shall we continue this offer of a prize, and hope that next year and the years to come more members will write?

I think we should.

Some of the most valuable of all contributions to scientific knowledge have been given to the world as prize essays. There is no considerable body of medical alumni anywhere who would not spurn the insinuation that no men in their ranks have ability to improve our literature and knowledge by their labors. The best minds in the profession have not refused to enter the lists for such a badge of excellence as this, but have been glad to compete for it, less, be it said, for its intrinsic value, than for what it stands for. Let us then offer the prize on the same conditions as heretofore.

If our help to the school of medicine that graduated us has been little, we may question the propriety of retaining this as a stated object of the Association; for the school is taking long strides in the right direction, whether our hands be pushing or not.

The child is always prejudiced in favor of his mother; he magnifies her virtues, and refuses to see her imperfections. We are exactly like other children. But I am sure that year after year substantial progress can be noted in the more peculiar work our benign mother started out to do.

Established as she was for an idea, to make practical and make a force of that principle her founders before and since have faithfully battled for, by slow degrees, one after another, the medical schools of the nation are incorporating that idea into their curricula and requirements.

I do not say all the increased thoroughness in Medical College instruction of the last half-dozen years, is due to the example and influence of our *alma mater*, but nobody can deny her a major share of the credit of such progress. To say she never errs is to make her infallible. But if she does now and then a silly or an unjust thing, what of it! She is the foremost exponent this country has of advanced

ideas in medical education, and in the work actually done for the elevation of the standard of all good qualities in medical men, she stands to-day head and shoulders above all other institutions on the continent.

But if reforms have been made, others are needed. The medical profession is not perfection; it does not come up to the beau-ideal of any man; as a whole it may equal the example many doctors give us, but any one who takes the trouble to think what the profession ought to be, is sure to put the standard higher than its present average.

Then there is chance for improvement, and let any words of mine to those present here to-day, be a candid talk on some of the evils in the profession and some of their possible cures.

It is never a difficult task to criticize; fault-finding especially has always been an easy, albeit usually a mean business. It is, moreover, easier to tell a hundred bad things of a class of men, than suggest a sure way of curing one. But the gentlemen to whom these words are addressed are the very last in whose ears I would glorify the profession, and it has seemed to me profitable at this time to review some of the defections of our brotherhood, some of the bad things to be got rid of in order to become better.

Of course we all agree that the most pressing want of the average American doctor to-day is more knowledge about his business—more drill and thorough schooling in medicine. He needs to attend more lectures, read more books, and above all to have more opportunities for clinical study and observation; he needs to see more actual practice where he can study it, before he begins practice for himself and alone.

But the want of more thorough medical education, the need of more rigid requirements by the Colleges, a longer course and more terms, have been of late so thoroughly discussed that they are well understood, and I may pass them by.

Another of our great needs is more learning outside the medical sciences. One of the learned professions—if we care to accept or retain that title the world has seemed ready

to accord us—one especially into the daily work of which such diversified problems enter, which deals with such vital interests as the medical profession does, should be made up of men of greater knowledge and broader culture than the average of American physicians. A physician, I think no one will deny, should have a degree of knowledge in all departments of general learning, especially all sciences, a general culture and taste second to no other professional man; he ought to have a sum-total of knowledge greater than any University is able to teach him.

Liberal education, whether gained in or out of school, separates the profession into two classes, of scientific men and empirics. It not only, by the correct appreciation it gives a man of the weal of the profession, helps him to be an honorable member of it and not a charlatan from intention, but it frees him from liability to believe in humbugs and so be a quack from ignorance.

And in a profession like this, into the study and practice of which so much delusion and imposition always find their way, and with such ease, there seems to be nothing that can free a man from belief in such things—unless he has a kind of common sense so rare that few men possess it—except the influence of study.

Now this sounds, I know, like a school oration on the value of learning. But we cannot dodge the fact that medical men in this country are, many of them—the majority of them—deplorably ignorant, given to beliefs in direct conflict with both science and good sense, as well as practicing upon the people even more humbugs than they themselves believe in. So true is this statement, that in many parts the profession is held in practical disgrace. The term "Doctor" has come to mean either something supernatural and the gift of strange and unusual insight into human bodies, or to suggest a quarrel about matters it ought to be easy to understand among a set of men bigoted, conceited, and naturally jealous and combative.

A per cent. I would not like to name are horse-jockies and intemperate men; half of them know nothing of the primary branches

and little more of the practical branches of a medical education, above what they gained in their scant three years of time partly devoted to study before graduating; and certainly half the physicians in this country could not hold an intelligent conversation with a person of high culture, on topics which such a person would most delight in.

I once knew a man, a graduate of a New England Medical College, who had a fair standing as a physician in his neighborhood, who tried to make me believe that the weather of the last two days of each month was the index of the weather of the month following, and offered as proof to let me watch the point for a year and see if it did not come true. A decent degree of natural knowledge would have made it impossible for this man to believe such absurdity; yet he was a type of a class by no means small.

The profession, in ages past, has had so many senseless beliefs in matters of physiology and therapeutics, that we laugh at them. Yet we believe in this age that the sight of a bleeding throat by a pregnant woman will stamp a mark across the neck of her child, to say nothing of the belief in the efficacy of a thousand-decillionth grain of something as a medicine.

Out of this odium, from beneath this cloud, broad culture alone can lift the profession. But how always to gain this is less easy to say.

All agree it may best be begun with a four years' University course; doubtless it would be better if every physician was a graduate in such a course before his medical studies begin.

Although this may furnish often very questionable practical material for help in everyday life, it is acknowledged the best way in which to get well grounded habits of systematic thinking. And the course of those Medical Colleges, among which is our *alma mater*, that have made it to the advantage of all their students to have attended a University course, cannot be too highly commended.

But few medical students are able to begin their education with College drill, and many of us must do without any. Many of us come to our medical study direct from the

farm, the workshop or store, unused to study, and here our first long schooling is received. We graduate and go out and locate, possibly with hands full of practice, certainly with minds full of the science of getting a livelihood; and from a very inconsiderable amount of work at first, which seems great, our cares grow from year to year, and we feel unable to devote more time to reading than will partially keep us posted in the literature of the profession and in the daily newspaper gossip. So we go through life with little addition to the stock of general knowledge we started with, and grow every day more fossilized. There seems, then, no way for nine-tenths of us to gain the knowledge and culture it is conceded we ought to have.

Now this would be true if the premises were not false. Possible we could not study general subjects before graduating in medicine; but it is false, that if we have a taste for such things, we can find no time to pursue them afterward.

The fault lies in the bad economy of time and in the want of inclination, chiefly the latter. Those who have strongest taste for books and study somehow do find time for both, although they do more work than we who complain of our burdens; they learn to use the moments that we waste.

Did only the right sort of men—namely, students—study medicine, voluntary self-culture would be for the profession all-sufficient. But men take up medicine on all pretenses; some blindly thinking it will make them rich; others for its supposed honors, and because it is expected to furnish a long rest from much work. These are more foolish than the first, for they forget that honors come only with work, and that a long rest means the sin of laziness. I knew a man who studied medicine chiefly because he liked to drive horses, and he knew that in a country ride his longing could be satisfied. He studied eight months and began practice.

Now we submit that no man should enter the profession who has not an innate love of science, of books—an ambition to know more and more, and to know the reason why of everything.

Here is our great professional crime! Physicians who, without this consideration in view, advise men to study medicine, who advise all to do it who would like to become doctors, are most surely culpable, and on their heads must fall the weight of obloquy cast on the calling. And my words to the graduating class of to-day, if they are worth anything, would be these: That if there is a man among them who is not so made up that he will, that he must, spend his spare time in study, to be each successive year a better balanced and a wiser man, my advice to him is to take his sheep-skin home as a curiosity, keep it securely, but not to hang out his sign or write a prescription while he lives.

Physicians should be life students, students of everything; they are not to-day, save in small minority. This fact gives ground for the sneers against the profession, for half the quackery, and is the reason more sick folks do not recover. In regular practice—the only broadly eclectic practice—it operates with special injury, making the work of the ignorant who handle double-edged tools and cut at random, show in bad contrast with that of such quacks as are shrewd enough to pursue an expectant course.

The only sensible remedy that I can think of, for this, our greatest drawback, is to stop making doctors who will not be students. Those whose views coincide with this may do something to elevate in this direction the profession now in existence; but men who dislike the closet cannot be made to like it, and our greatest good lies in guarding the entrance to the ranks of the profession, not in attempts to change men after they get in.

Another vice to be remedied is the flagrant want of generous conduct of practitioners toward each other; the lack of pride in the profession, its dignities and amenities. We want more *esprit-de-corps*, more ethics, more code of ethics. It has been said no association can make ethics for any man. That is true, but a body of men may agree as to certain principles of correct conduct that are ethics, which every member may live by conscientiously. It is contrary to the idea of a profession not to have such a rule; only by

fidelity to establish good usage can opinions of reliability be engendered in others toward us. Could the American code—the acknowledged paragon of all written statements of medical ethics—be faithfully adhered to by all physicians, the medical, despite its lack of erudition, would be held for honor and magnanimity second to no other profession. Ethical conduct, what is it? Only more than the demeanor of a gentleman; the abandonment of all that is ungenerous and unjust.

We must be taught somehow that the profession of medicine has a duty society inexorably demands of it. That duty is in correct conscience to conserve human happiness—by improving human health. While the practitioner must have a living and full praise for whatever he does that is worthy, he has no right to gain or accept either to the neglect of this clear duty; if he cannot stay in the faculty on the basis of duty, he has the alternative to seek other avocation.

To teach this principle, ethics must be understood, and every Medical College course ought to be the means of teaching to students this American code. Men have been actually graduated in this city without being aware such a code exists; whereas every one should leave college with this document—so clear and simple, so just and sufficient—if not committed to memory, surely with its principles as fixed in mind as his own name.

But men do not worship the code greatly, nor obey it; most do the opposite.

Average it in city and town, and jealousies and bad faith have done as much to injure the profession as all its ignorance. It has come to be a wonder in certain parts for doctors to agree on anything, or to speak well of each other. When they do commend each other, it is surmised they have some interested motive, some ulterior purpose to serve; when they slander each other's professional character and knowledge, they are supposed to be in their normal condition. Their work has grown into a petty warfare to find which man can convince most patients that he and not his rival is to be trusted.

Doctors ought in a sense to be their own judges. Every pure man covets the good

opinions of others, but we value the opinions of those chiefly whom we know capable of judging us rightly. No true artist cares for the strictures of a boor on his work; neither would an essayist listen to the criticism of an ignoramus; those only of similar capacities can command our full respect by their opinions. And no man working in any field of worthy endeavor in the past, in literature, art or science, has been satisfied with himself unless he has gained some plaudits of his only competent judges.

How can the faculty of medicine be an honor to the age so long as half its members disregard or laugh at the opinions of the body as a whole, or the best part of it? Scores of them do this, and many an one acts apparently with the idea uppermost that every other doctor is his natural enemy, and he is no friend to any of them; he cares neither for their condemnation or praise, unless perchance the latter may sometimes bring him a fee. Not one such man has ever done a thing to make the profession a body to which one of fine sensibilities would like to belong; their influence has always been to lead minds in the direction of charlatanry, and to prevent any united effort and progress; their example has invited the profession to become a *trade*, the chief work of which shall be to make money and influence, in which every man shall try, regardless of means, to outstrip his neighbor, leaving to the devil the hindermost.

All the advances the profession has made have come through those who have aimed to make it such that students and good men might like to enter it. There have been men—and heaven help us add to their number—who, believing the profession should be nothing if it is not everything honorable, have lived by a high standard of ethics toward both practitioners and people; who, while studying to take a high place, have helped others up instead of pulling them down; who, in seeking to accomplish much, have had some charity for the shortcomings of others; who have carefully avoided word or deed that would make the brotherhood less worthy, less united and fraternal. They have somehow learned the truth that he who

with malice aims a blow at another strikes hardest himself, and so have not struck at all. Into their professional life they have thrown somewhat of the sentiment of treating others as they would be treated—which, after all, is the groundword of that code of conduct we boast of. To such men we owe praise that the faculty is no worse, and with such men of the future lies the task of making it still less deserving of censure.

But to accomplish these good aims there is one thing practitioners seriously need; we all need it as a great help, less for what it is than for what it will aid us to do and to be; that is more close social and professional relations with each other.

Medical societies are a good thing both for knowledge and good feeling; with frequent meetings they keep us awake to the science and literature, and beget a spirit of emulation always wholesome. It is the feeling of every progressive physician that he ought to belong to a medical society.

Practitioners are too much isolated, they feel too little the force of each other's influence and existence. Isolation breeds exclusiveness, jealousy and selfishness; open communion, free mingling with others, alone makes us broad, charitable, cosmopolitan. Bring medical men face to face often, and all there is in them that makes human nature narrow and base would slink away for shame. There have been enthusiasts who think medical societies are a panacea for all professional ills; that if we would only all join them, then, to borrow the language, "we might all be happy."

At least this is true, that the present system of societies, completely organized, holding stated meetings for transaction of business and for discussion of scientific questions, is the only and so the best means generally undertaken in this country for bringing practitioners together to measure ideas, and for social intercourse. This system is good, and because it is organized, should never be abandoned. Yet many are dissatisfied with its formalism—its stiff parliamentary machinery. They complain that too much time is consumed in discussion of points of order,

and too little to scientific work. I know dozens of physicians who, for this reason alone, do not attend once a year medical societies to which they belong.

Moreover, such societies are never formed except in the larger cities, placing them practically beyond reach of the majority of practitioners.

It has been a study with some, in time past, to improve on this system. A few months ago two men in this city put their wits together to solve this problem, and such a solution as they have reached I will describe.

Their aim was to supplement the present societies by something that would supply a want which *they* could not, while their acknowledged work should not be disturbed; to utilize powers and elements of mind the societies could, in their nature, never command.

They have, as the result of their thought, brought forth a sort of medical society which, by what it has done so far and seems capable of, I think commends itself to the consideration of the profession.

I am so fully persuaded of its value, so sure of its benefit to those who have been favored with its privileges, that I must ask to describe it.

I would not dare put it forward as a new measure of reform, had its qualities not been tested by time; but it is now near two years old, it has had no drawbacks, but from the beginning a lusty growth—somewhat in size but more in strength—and gives promise of a long life.

I call it a *sort* of a medical society; but whether it is properly styled a society, a club, a sociable, or a meeting, I am at loss to decide.

It has no name, no constitution, by-laws or records; no officers or order of business; it has no regular or stated membership; it exacts no scientific duties of its members; it is never called to order, nor does it proceed in a parliamentary way; it is absolutely and in every particular informal. It does not know, save from meeting to meeting, where it is to be harbored. Its whole life rests in the understanding, clear and positive, of its

members of just three things: That the meetings shall occur in the evening every two weeks, at the homes of the members, alternating; that conversation shall be the order, but that no formality shall be tolerated; and that there shall be in the course of the evening some very simple refreshments.

These principles were never put in writing; not all at once were positively agreed upon; but as they have seemed to work well, they have grown into the acceptance of the members until their infringement has come to be next to impossible. So every fortnight these men—a dozen and a-half—sit down together and spend an evening in conversation on any subjects that may please them best. There is no restriction; there is no saying Mr. President; every one is at his ease and is always in order. No extravagance or display is countenanced in refreshments, and alcoholic liquors are rigidly excluded. At whatever hour, then, the members find their homes, they are always refreshed and always sober.

Now, conversation is the most valuable means of communion; men tell here their best ideas, and say them just as they are, and here they think their best thoughts and break them to others; here they are, more than anywhere else, without hypocrisy—they act themselves. In these meetings of conversation, men get the cream of each other's minds, which comes with a frank expression; here men are found to be overflowing with knowledge and good thoughts who, could they be heard only in a formal meeting, would never speak, and they let go their gems of wisdom so silently and unconsciously they are not even made diffident by themselves knowing it. Men are heard here aright who, in an unwritten speech, could not fail to be misconstrued. Then these men are obliged to shake hands with each other, and to look each other in the face, and they know this must be repeated every two weeks; and if there were no other reason, this would compel them through the fortnight to be courteous to each other and all the profession. Men dislike to ask each other's pardon, and one will use twice the effort to avoid the necessity that he will in arousing moral courage to do

it. Add to this the fact that the whole society must sit down and entertain each other at a little feast, and you have all the elements needed to cultivate the best professional feeling and understanding.

And say what we will, we cannot deny the value of having something to eat at a social meeting of any kind. However simple, it makes the meeting less formal, and brings all the party nearer together; it makes them more kindly and considerate.

There is no way to make a man good as sure as to make him humble, and there is no way to make him humble so unailing as to make him feel his need. As he bends to receive from mother nature her gift of food that nourishes him, he is a debtor and he feels it, whether he knows it or not. In the act and mood of receiving he banishes much or little of the acerbity and venom he has, and his heart grows warm as his body feels refreshed.

The benefits from this measure are confessedly great. It has made, with the other features of the meetings, this nameless, unwritten society a marked success. It is the unanimous verdict of the members that the meetings are the most profitable they have ever attended, both in a professional and in a social way.

Is this idea of a society worth copying? I think it is. Its value in a city is undoubted; in a sparsely settled neighborhood it might be far greater. Societies not unlike this could be maintained in any place where there are two doctors—provided all the physicians would unite on it—which cannot be said of the old societies. By such all the good gained by the project in Chicago could be realized, while they would have the advantage over us that, farther removed from association of numbers, living where the fields of labor of practitioners invariably run into each other, and men are exceeding liable to hit each other's elbows, the society would be enhanced in value in proportion to the lack of the professional advantages large cities can furnish. This sort of a club could exist where, on account of numbers, one of the organized societies could not be thought of;

they prosper only with large numbers, this prospers best with few.

Could the two doctors, the only representatives of the profession in any town, fail to be friends and champions of progress if they would resolve to take dinner and a long talk with each other every two weeks, and carry it out? No, but at such a spectacle the people would open their eyes with wonder; they would repeat again the words of the lion and the lamb, and would hail this as the harbinger of a new millenium.

Clinical Reports.

EXSECTION OF HIP-JOINT FOR MORBUS COXARIUS.

BY N. SENN, M. D., ASHFORD, WIS.

L. C., æt. 10 years, the youngest member of a healthy family of children, was a vigorous, active boy until the latter part of summer in 1870. At that time he fell from a haystack, and as was thought at the time, sprained his hip. He was soon able to leave his bed, but walked quite lame. A few weeks after, the knee on the same side began to pain him, the hip became swollen and tender, violent constitutional symptoms followed, with hectic fever and rapid emaciation. In about three months an abscess formed in front of the upper part of the thigh, which soon opened spontaneously, and discharged a large quantity of pus.

The patient remained in a critical condition for several months, when he commenced to gain slowly, so that in the spring following he was able to walk on crutches.

During this time he had no medical treatment. When we saw him first, about six months ago, he was greatly emaciated; his countenance presented the appearance of severe and long-continued suffering. The affected limb was found in the following condition: Thigh strongly flexed and adducted; foot turned inward, so that the toes pointed towards the plantar arch of the opposite one; marked prominence of the great trochanter and gluteal region, with elevated gluteal crease. The limb was apparently greatly

shortened, so that in the erect position only the tip of the toes would reach the floor; but on actual measurement this shortening was found to be owing mostly to the faulty position of the pelvis and thigh. Pressure over the great trochanter towards the pelvis, caused intense pain; there was no mobility in the joint. The limb was considerably smaller than its fellow on the opposite side.

The opening through which the abscess had first discharged had never healed, but was the outlet of a constant, profuse and debilitating discharge. It was situated on the anterior aspect of the thigh, at the inner border of the sartorius muscle, about eight inches below the anterior superior spinous process of the ilium. Through this opening a large probe could be passed up into the hip-joint, where dead bone was distinctly felt.

The general condition of the patient, the extensive destructive changes in the anatomical structures of the joint, and the conspicuous deformity, excluded every other means for the successful management of the case except the last alternative—exsection of the joint.

This operation we performed on the 11th September, 1871, assisted by Drs. Marston, of Newcassel; Loehr, of Theresa; and Lusck, of Mayville.

The method selected was a slight modification of M. Sentin's operation. After the patient was thoroughly under the influence of ether, a straight incision parallel to the femur was made, extending from two inches above the great trochanter to four inches below; another one, about two inches in extent, was made perpendicular to the first in the lower flap, from the joint downwards; the tissues around the trochanter, and the muscles attached to it, were now carefully separated from it with the knife, the posterior portion of the capsular ligament divided, when the femur was forcibly dislocated upwards and backwards by flexing the thigh strongly upon the pelvis, adducting and rotating it at the same time inwards. The greater portion of the head of the femur, with some smaller fragments, was found loose in the acetabulum. The bone was now divided just above the small trochanter with a chain saw. As

the shaft of the femur along its inner side was found to be denuded of its periosteum, the incision downwards was enlarged, and another section, about four inches long, of the shaft removed; below this the bone and periosteum were healthy. The acetabulum was not affected. Nothing could be found of the ligamentum teres. The hemorrhage was very slight. The wound was washed out with a saturated aqueous solution of carbolic acid, the long incision closed by interrupted silver wire sutures and adhesive plaster; the short incision was kept open by inserting a tent into it, so as to afford a free outlet to the suppurative discharges that might follow afterwards. The whole wound was covered with lint saturated with the same solution—a compress and bandage to retain it in its position; a straight, long splint was placed on the outside of the limb, and confined by means of a roller.

No shock followed the operation; the patient came out from under the influence of the anæsthetic very kindly. On the third day we found him happy and cheerful; he had suffered but little pain since the operation; sleep and appetite good. The groin and thigh were considerably swollen; the large incision had united almost throughout its whole extent by the first intention; extension by means of weight and pulley was now applied, and the limb dressed as before. The wound was directed to be injected and dressed daily with carbolic acid oil (1-12).

From this time the patient was under the able treatment of Dr. Loehr. About three weeks after the operation the doctor applied a plaster Paris dressing, including the pelvis and the whole limb, with the exception of an opening over the wound, to give exit to the discharge.

This dressing more than satisfied our most sanguine expectations. It kept the limb perfectly immovable, which added materially to the comfort of the patient and his rapid improvement. In six weeks the wound had entirely healed, and has remained so since. Three months after the operation the plaster Paris dressing was removed, and a wire splint applied.

THE
MEDICAL EXAMINER.

A Semi-Monthly Journal of Medical Sciences.

EDITED BY

N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, March 15th, 1872.

EDITORIAL.

PHYSICIANS' RELIEF FUND—FINAL
REPORT.

The committee appointed in October last to receive and distribute such contributions as might be made in money, books, or instruments, by the profession elsewhere, for the relief of those members of the regular profession here who had been placed in need by the great fire of October 9th, having completed the work assigned to them, made their final report to a public meeting of the profession held in the Criminal Court room on Monday evening, March 25th, 1872. The meeting was not large, but sufficient for the object. Dr. S. Wickersham was appointed Chairman, and Dr. A. C. Savage Secretary. The Secretary of the Medical Relief Committee, Dr. Walter Hay, gave a brief history of the work of the Committee, stating that the gross amount of money received from all sources and paid over to the Treasurer of the Committee, was \$9,881.08. Of this sum, \$32.50 had been used for the expenses of the Secretary, in paying for stationery, postage, and express charges. The remaining \$9,848.58 had been appropriated to the relief of 91 practicing physicians, and 21 medical students, in sums varying from \$30 to \$350. The money had not been distributed all at once, but the Committee had met and apportioned it from time to time, as often as a sufficient sum accumulated in the treasury. In addition to the money, the Secretary had received about 70 volumes of medical books, 8 pocket cases of surgical instruments, 2 galvanic batteries, a few miscellaneous second-hand instruments, and 40 tons of coal—the latter from Dr. J. H. Rauch, of this city—all of which had been distributed except 14 tons of

the coal, which remained on hand. Dr. N. S. Davis, Treasurer of the Committee, reported that he had received, at various times since the appointment of the Committee, the following sums of money:

From the physicians of N. Y. City, total,	\$5,800 00
" " Brooklyn, "	1,338 00
" " Philadelphia, "	1,115 00
" " Cincinnati, "	457 00
" " St. Louis, "	100 00
" " San Francisco, "	253 08
" " Washington, "	200 00
" " Boston, "	157 00
" " Lowell, Mass., "	105 00
" Rensselaer Co., N. Y., Med. Soc'y, "	75 00
" Boyle " Ky., " " "	35 00
" Physicians in various parts of the country, in small sums, "	246 00
Total Receipts,	\$9,881 08

The Report further showed that the Treasurer had paid in accordance with the orders of the Committee, to 91 practicing physicians and 21 students of medicine, the sum of \$9,835.00, and to the Secretary of the Committee for his necessary expenses in postage, express charges, and stationery, \$32.50. Total paid out, \$9,857.50, leaving a balance now in the hands of the Treasurer of \$13.58; which the Treasurer said he would take the responsibility of giving to the first physician in good standing among the sufferers by the great fire, who should be disabled by sickness, or otherwise placed in need.

In justice to the physicians of St. Louis, it was stated that, in addition to the \$100 included in the above statement of receipts, they had promptly sent \$900.00 soon after the fire, and distributed it by a committee of their own. Both Secretary and Treasurer presented written vouchers for all moneys and other articles received and distributed.

On motion, Drs. Wagner, Loverin, and Savage were appointed a Committee to audit the accounts of the Secretary and Treasurer.

They did so, and reported them to be correct.

Dr. Davis alluded feelingly to the death of Drs. A. G. Morgan and Young, both of whom were burned out, and having been indisposed previous to the fire, their demise was undoubtedly hastened by the calamity.

The President spoke of the Relief Committee, saying they had done their work admirably—better than any other persons could have done it.

After tendering a vote of thanks to them, and to the physicians who contributed so generously for the relief of their Chicago brethren, the meeting adjourned.

SUMMER MEDICAL INSTRUCTION.—The regular spring and summer course of instruction in the Chicago Medical College, will commence on Monday, the first day of April, and continue until the first day of July. The course will consist of three didactic lectures and examinations in the College, and from one to two hours of clinical instruction in the Hospital, each day, by members of the College Faculty. It is strictly supplementary to the winter course, extending the College instruction to *nine* months of the year, and is *free* to all the matriculated students of the College. The tickets of admission to the clinics of the Mercy Hospital are \$6, and those of the Cook County Hospital \$5, and both are good for one year from the date of their issue.

AMERICAN MEDICAL ASSOCIATION.—We call the attention of all our readers to the following circular in relation to railroad fares and hotel expenses for the coming Annual Meeting of the Association:

AMERICAN MEDICAL ASSOCIATION.

WM. B. ATKINSON, M. D.,
Permanent Secretary,
1400 Pine Street (S. W. cor. Broad),
PHILADELPHIA.

The Twenty-third Annual Session will be held in Horticultural Hall, Broad Street above Spruce, on Tuesday, May 7, 1872, at 11 A. M.

HOTEL ARRANGEMENTS.

Continental, Chestnut and 9th, \$4 a day; Girard, Chestnut and 9th, \$3 a day; La Pierre, Broad below Chestnut, \$3 a day; Colonnade, Chestnut and 15th, \$3 a day; St. Cloud, Arch below 8th, \$3 a day; St. Elmo, Arch above 3d, \$2.50 a day; American, Chestnut below 5th, \$2.50 a day; Merchants', 4th above Market, \$2.50 a day; St. Lawrence, Chestnut below 12th, \$2 a day; Alleghany, Market below 9th, \$1.75 a day; St. Charles, 3d below Arch, lodging only 50 cents a day; Miller's, 7th and Chestnut, lodging only \$1.50 a day; meals at restaurant of Horticultural

Hall, and Petry's, N. W. cor. Broad and Walnut, each 50 cents.

BOARDING HOUSES.

No. 318 South Broad, \$2 a day, or \$10 a week; N. E. cor. Broad and Spruce, \$1.50 a day, or \$10 a week; 329 South Broad, \$2 a day, or \$10 a week; 1327 Spruce, \$2 a day, or \$12 a week; 225 South Broad, \$2.50 a day, or \$12 a week.

RAILROADS.

Union Pacific, return free, if first-class tickets are bought, and an acknowledgment taken from the agent; Cumberland Valley, excursion tickets; Orange, Alexandria and Manassas, half fare for return; Pittsburg, Cincinnati, and St. Louis, excursion tickets; Pittsburg, Fort Wayne, and Chicago, excursion tickets; Cleveland and Pittsburg, excursion tickets; Central Railroad of Georgia, return free; Richmond and Petersburg, return free; Wilmington and Weldon, excursion tickets one fare; Wilmington, Columbia, and Augusta, excursion tickets one fare; Kansas Pacific, one and one-fifth fare for excursion; Atlanta and New Orleans Short Line (A. and W. Pt. Western, Mobile, and M. N. O., M. and Texas Railroads), return free; Western and Atlantic, excursion tickets one fare; Western Alabama, excursion tickets one fare; Evansville and Crawfordsville, excursion tickets; Lehigh Valley, excursion tickets one fare; Louisville and Nashville, excursion tickets; Memphis and Louisville, excursion tickets; North Pennsylvania, excursion tickets two-thirds fare; Pennsylvania Central, excursion tickets; Philadelphia and Erie, excursion tickets; Philadelphia, Wilmington, and Baltimore, excursion tickets; Philadelphia and Reading, excursion tickets at two-thirds; Baltimore and Ohio, excursion tickets; Lake Shore and Michigan Southern, excursion tickets if forty are taken.

All who desire to avail themselves of the above rates, must send to the Secretary their full names, and the names of *all* the railroads over which they must travel in coming to the session, with stamp for postage.

WM. B. ATKINSON.

SPECIAL.

Camden and Amboy, excursion tickets at \$4 from New York to Philadelphia and return, if fifty tickets are taken. For this ticket, send money to Dr. A. E. M. Purdy, 123 East Thirtieth Street, New York.

From Montgomery, Ala., to Philadelphia, and return (by Tennessee), \$39.80. Apply through Dr. R. F. Michel, Montgomery, Ala.

From Washington to Philadelphia and return, \$6, if fifty tickets are taken.

Central Pacific, half local rates.

THE WESTERN LANCET.—This is the title of a new monthly medical journal published at San Francisco, the first number of which is on our table. It makes a good appearance, and we cheerfully place it on our list of exchanges.

THE LENS ; a Quarterly Journal of Microscopy and the Allied Natural Sciences. The first number of this valuable journal is before us. It is published under the auspices of the State Microscopical Society of Illinois, and edited by S. A. Briggs. It is to be issued quarterly, contains 64 pages of reading matter, and is well illustrated. It will be a periodical of special value to all who are interested in microscopical investigations.

Gleanings from Our Exchanges.

DR. THOMAS ADDIS EMMET, Surgeon to New York State Woman's Hospital, contributes an article on "Chronic Cystitis in the Female," to the *American Practitioner* for February, 1872. He dwells on the terrible results of cystitis if long continued. The surgeon is to discover, if possible, the cause of the cystitis ; it may be a rectocele, cystocele, prolaps or version of the uterus, hemorrhoids or fissure of the anus, in fact almost any disease affecting the uterus, vagina, rectum or digestive organs.

The first method of treatment that he recommends after these preliminaries have been attended to, is the frequent injection of large quantities of warm water into the bladder, through a double catheter. If the injection has been followed by much pain, it should be followed by a solution of morphine also injected into the bladder. If this treatment fails after a fair trial, cystotomy should be at once resorted to. The writer claims that the operation, if performed before the kidneys are involved, is as safe as any one in minor surgery. He has done the operation a number of times, with success in every instance. His method of operating is to introduce a sound into the bladder, where it is held by an assistant, with its point pressed firmly against the base, directly behind the

neck. While the sound is held in this position, the projecting tissue is seized with a tenaculum, an opening is made, and the sound pushed into the vagina. Still holding the sound in the opening, one blade of the scissors is introduced into the bladder, and the opening is enlarged along the median line towards its base. The bladder is then to be washed, and the opening to be kept patulous at first, by the careful introduction of the finger ; but if that will not suffice, a hollow stud, made of glass tubing, half an inch in diameter, may be used. The flange which is within the bladder need only be narrow, not much more than a slight flaw ; the external flange should be wider ; the length of the stud should be only slightly greater than the thickness of the vesico-vaginal septum.

A NEW PESSARY.—Dr. James Blake, of San Francisco, describes a new style of pessary in the *Pacific Medical and Surgical Journal* for February, 1872. The form of pessary is that of a Hodge or Hewett, the ends being cut out of sheet brass, and the sides of stout No. 1 watch spring soldered to the ends. After the parts are soldered, the instrument is to be varnished with India-rubber varnish, to prevent the corrosion of the steel by the sulphur in the rubber, which is next to be applied. Strips of sheet India-rubber slightly wider than the watch spring, are next to be fastened to their sides with varnish. Over this strips of thin sheet rubber, about a quarter of an inch in width, are to be wound so as to overlap slightly. About three layers are required. The first is to be wound tightly and the last loose. The ends are to be well stuck down, and the whole covered with about five coats of India-rubber varnish. The varnish is made by dissolving India-rubber in chloroform, and adding one-tenth of its bulk of a solution of asphaltum in chloroform, which has been allowed to settle before using.

TRAUMATIC TETANUS TREATED WITH ELECTRICITY.—Hamilton Griffin, M.D., reports in *American Practitioner*, Feb., 1872, a case of traumatic tetanus treated with electricity, in which recovery followed.

TARTRATE OF IRON AND POTASSA IN TYPHOID FEVER.—Chas. H. Gordon, M.D., in *Pacific Med. and Surg. Jour.* for February, states that he has used tartrate of iron and potassa in typhoid fever with marked benefit. Dose—five grains twice a day, increased in third week to double the quantity.

DR. NEIL, of Philadelphia, in *American Practitioner*, Feb., 1872, reports a case of injury to the arm, in which gangrene and a very low condition appeared to follow the use of hydrate of chloral; on stopping the chloral and giving morphine, the patient improved rapidly.

DR. D. T. GILLMAN advocates the administration of acids in certain cases of rheumatism, on the ground that the production of lactic acid is favored by an alkaline condition of the blood.—*Cincinnati Clinic*, Feb. 17, '72.

DR. FERRELL reports excellent success in the treatment of acute dysentery by the use of ipecacuanha as an enema. His prescription is a drachm to six ounces of mucilage, repeated three or four times a day.—*Ibid.*

DR. J. BRADLEY relates a method of treating certain inflammations by exhausting the air from around the lower extremities, thereby producing congestion of that part and abstraction of blood from the inflamed part, giving all the benefits of blood letting, and at the same time saving the blood. He has tried it in pneumonia, with excellent results.—*Ibid.*

BILLROTH ON OVARIOTOMY.—This eminent surgeon, in his "Reminiscences," published in the *Wiener Med. Wochenschrift*, says of ovariectomy:

First of all, surgeons must dismiss from their minds that ovariectomy is a dangerous operation; and, through the medium of well-informed practitioners, this conviction must make its way with the public. After ovariectomy, skilfully performed according to the rules of art, recovery is the general rule, and a fatal issue the constantly diminishing exception. Comparing it with some other operations, ovariectomy, taking the mass of cases, is shown by statistics to be less dangerous than amputation of the thigh, disarticulation of the shoulder and hip-joints, or excision of the hip or knee. Its danger is about the

same as that of amputation of the arm, excision of the shoulder, partial excision of the jaw, lithotomy in the young, and similar operations. We must, however, perform ovariectomy strictly according to the rules laid down by the English operators in their classical works; and only after having attained the same results should we venture to practically put into force our own ideas, in order to improve upon these. I had the good fortune to see Spencer Wells operate upon two complicated cases, and from them, as well as from oral communication with this remarkable man, I learned much. I constantly follow his precepts, knowing that he has long since thoroughly thought out and tested all that can happen to myself. I shall willingly regard myself during my lifetime as his scholar; and contented shall I be if it falls to my lot, by means of this operation, to snatch from certain death one-half of the number of lives he has been enabled to save.

Up to the present time I am tolerably contented with my results. I give here a short account of them, in order to encourage the performance of these operations, and especially to inform the colleagues into whose hands these lines may fall that I have, personally, no reason for supposing that the results attendant upon ovariectomy will be less cheering in Vienna than they are in London. Hitherto I have performed it nine times, and of these patients only two have died, giving, therefore, only a mortality of 22.2 per cent. The first four cases recovered one after another; then two fatal cases occurred, to be followed again by three recoveries. The first case is related in my Zurich "Chirurgische Klinik," and the second, third and fourth cases in the "Chirurgische Klinik," published at Vienna in 1868.—*New York Medical Journal*, Feb., 1872.

CHLORAL in cod-liver oil is said to render it much less nauseous, and prevents the night-sweats of the phthisical patient, induces sleep, and creates appetite. The pure chloral-hydrate crystals may be added to cod-liver oil in the proportion of 10 grains of the former to 190 of the latter.—*Ibid.*

DR. C. C. RITCHIE, in *London Practitioner*, states that the hypodermic injection of five grains of ergotin, will stop the bleeding in hæmoptysis speedily, when all other means have failed.—*Ibid.*

COMPRESSED air is said to cure whooping-cough.

OPHTHALMOSCOPE IN BRIGHT'S DISEASE.—

In a paper read before the Boston Society for Medical Observation, Dr. Williams relates two cases of Bright's disease in which the autopsy proved conclusively the correctness of the diagnosis of Bright's disease which had been made by the ophthalmoscope. The disease of the kidneys was not suspected before the examination with the ophthalmoscope. He says that in cases of kidney disease, accompanied by changes in the retina, the prognosis was always unfavorable.—*Boston Medical and Surgical Journal*, Feb. 15, 1872.

ABSENCE OF VAGINA.—Dr. Curtis reports to Boston Obstetrical Society, a case of complete absence of vagina in a girl 16 years of age, there being distension of abdomen, with pain at each probable menstrual period. An operation was performed, resulting in the discharge of a thick chocolate-colored fluid. Pain and abdominal tenderness followed, and the patient died about two weeks after the operation.—*Ibid*.

PERIODICAL HEADACHES.—Dr. Bradnock reports a method of treating periodical headache, which he claims to be original as well as effectual in curing the disease. He enumerates several of the symptoms, and claims that these all point to either active or passive congestion of the brain or its membranes.

The treatment divides itself into two parts—first, what is proper to be done during the attack; second, what is proper in the interval. He claims that there is always constipation of the bowels, consequently, if he begins treatment during the interval, he gives one or two of the following pills:

- R Mass hyd.
- Ext. coloc. com.
- Pulv. aloes soc. aa xi.
- Pulv. ipecac, gr. vi.

M. Ft. pil., No. xij.

To be followed by one (1) drachm of sulphate of magnesia. Then he begins with three drops of liquor potassa arsenitis, to be taken in a drachm of water after each meal.

If the patient is delicate and complains of coldness of the extremities during the attacks,

and frequent chilliness during the intervals, he substitutes the following:

- R Liq. arsenicalis hydrochloric, 3 ss.
- Quinæ disulphat, gr. xij.
- Lig. ferri perchloride, 3 ij.
- Aquæ, 3 vi.

M. (S. One tablespoonful in a wine-glassful of water, twice a day, after meals.)

Whichever one of these is given, it is to be interrupted once in three weeks, and the first prescription given.

When the attack begins he places the patient in a chair, with the head elevated, the feet in a hot mustard bath, the hands in warm water, and a bag of ice on the head, if it can be borne, and gives the following prescription:

- R Potasii bromid, 3 vi.
- Ammon. bromid., 3 ij.
- Potasii iodide, gr. vi.
- Infus. columbo, f 3 ij.

M. S. One dessertspoonful in an ounce of water.

This treatment persevered in three or six months, he claims, will cure nearly every case.—*Buffalo Med. and Surg. Journ.*, Feb., 1872.

News Items.

HONORS DECLINED.—Profs. Billroth and Brucke, of Vienna, have been offered chairs in the University of Strasbourg. They have, however, decided on remaining in Vienna.

DEATH OF SIR JAMES MURRAY, BART., M.D.—The death is announced of this veteran of our profession at the ripe old age of eighty-three. He has been for many years Inspector of Anatomy for Ireland, and physician to the Lord-Lieutenant. He was born in 1788, was educated at Edinburgh and at Trinity College, Dublin, and received the honor of knighthood in 1863.—*Dublin Med. Press and Circular*.

A CENTENARIAN PHYSICIAN.—Dr. Francis Hay, of Columbus, Ohio, recently celebrated his one hundredth birthday. The doctor is a native of Bavaria, having been born in Wurzburg, December 8, 1771. He was a student at that place, and there acquired his profession. In 1834 he came to America, and practised his profession successfully in various parts of this country, and in 1861 went to Columbus, where he has resided ever since. His wife, to whom he was married in 1802, is

now in her ninety-fifth year, is quite nimble and healthy, and bids fair yet to survive a number of years. The doctor himself is wonderfully lithe and strong for one so old. He is frequently seen upon the streets walking with a firm and steady step, and as upright in his carriage as a man in the prime of life. He is perfectly able to help himself, and in the care of his person asks for no assistance from any one.—*Philada. Med. and Surg. Reporter.*

APPOINTMENTS, HONORS, ETC.—Dr. Billod, chief physician to the lunatic asylum of the Seine, at Epinay-sur-Orge, has received from the inhabitants of his commune a gold medal, purchased by subscription, in recognition of his services during the siege of Paris. The Cross of the Legion of Honor has been sent by the French Government to Madame Pochet, of Havre, for services rendered during the war. The honorary membership of the Royal Society of Sciences of Brussels has been conferred on Sir James Paget and Sir William Ferguson. Dr. Tilbury Fox has been made a member of the Leprosy Committee of the Royal College of Physicians. Mr. John Hilton has been elected President of the Pathological Society of London for the year 1872. A subscription is on foot among the profession in Italy to strike a gold medal to be presented to Virchow. M. Barth has been elected President of the Academy of Medicine, of Paris, for the present year. The degree of LL.D. has been conferred by the Faculty of Princeton College on Drs. Abraham Coles, of Newark, and Hugh L. Hodge, of Philadelphia. Dr. Bamberger has been elected to the chair of Medicine in the University of Vienna, to succeed the late Professor Oppolzer. Dr. Tyson has retired from the position of assistant editor of the *Philadelphia Medical Times*. Dr. Thomas W. Evans, of Paris (an American), has been promoted to the rank of Commander in the Legion of Honor.—*New York Med. Times, Feb., 1872.*

SMALL-POX IN HAMBURG.—According to information furnished by the Hamburg Board of Health, there were in that city, from Aug. 19 to Nov. 18, 1871, 5,707 cases of small-pox, with 1,047 deaths, 696 cases remaining under treatment. The following are the statistics as regards vaccination :

	Vaccinated.	Unvaccinated.
Recoveries	2,954	1,010
Deaths	347	700

A MEMORIAL TO JENNER.—It is proposed to erect a memorial window in the old church at Berkeley, Gloucestershire, England, to perpetuate the fame of Jenner, who lived and died in Berkeley. The sum of £500 is needed for the purpose, and the subscription list is headed by the names of three earls.

NECROLOGIST'S REPORT.

To the Alumni Association of the Chicago Medical College :

Your Necrologist has the honor to present biographical sketches, as full as he has been able to make, of Dr. W. H. Peavler and Jas. F. Flemming ; also, an unfinished memoir of Dr. Otho Bonser, all deceased alumni of our *alma mater*. The unfinished paper, it is hoped, will be completed by the next annual meeting. A very full biography of Dr. M. N. Rust will also at that time be presented.

The exceeding brevity of these biographies is a matter for regret, but it is unavoidable. The gathering of facts of the personal history of individuals who have never been notorious, by one often at a distance from friends of the deceased, who is obliged to get facts through letters long delayed, and often brief and insufficient, must be slow and at times necessarily unsatisfactory.

Of the eleven alumni so far reported as deceased, it has been impossible to gain any facts regarding the following five : J. M. Kendall, D. J. Alloban, E. B. Rockwell, J. J. Samuels and Geo. Ware Wilson. To supposed friends of some of them, letters of inquiry have been addressed, but so far no replies have been received. Regarding the others, nothing has been elicited as to where to seek for information. Respectfully submitted,

N. BRIDGE, *Necrologist.*

Chicago, March 12, 1872.

W. H. PEAVLER.—*Class of 1865.*

Dr. W. H. Peavler was born in Pecan, Washington Co., Ind., August 4, 1838. He was the second of a family of twelve children—seven girls and five boys. His father, Gabriel Peavler, a farmer, was born in Sullivan Co., Tenn., January, 1813 ; his mother was born in Indiana, in 1819.

Young Peavler removed with his parents to Illinois, in September, 1850. He attended a common district school during winters, spending his summers in work on the farm, until he was sixteen years of age, when he entered a higher school at Marshall, Ill. After remaining here six months, he became

a clerk in a drug store. A year from this time found him teaching school not far from Melrose, Ill. On the expiration of his term at this place, he took a school near Spring Garden, whither his father's family had removed. He taught this school six months; he taught afterward six months in another school in the vicinity.

In the spring of 1858 he fell in with the current of popular feeling—credulity about the mining wealth of the region of Pike's Peak. In May of that year he joined the caravan that was long and hopeful, and that was directing its way westward. With others he was disappointed in the mission of his pilgrimage to the mountains, and he returned, injured in health, in December following his departure. He very soon began again his occupation of school teacher, remaining in school another half year.

In the spring of 1859 he purchased a horse and wagon, and set himself up in the peddling business, dealing in dry goods, notions, etc., and buying produce of all sorts.

But at this occupation he did not succeed well, and he only followed it one season. He then sold his outfit, and began at once the study of medicine.

This was in the autumn of 1859. He studied about a year, and taught school the winter following; then he resumed his studies.

In the spring of 1862 he volunteered for the army, and enlisted in the 49th Regiment Illinois Volunteers. He was soon detailed to do duty in Mound City General Hospital, as ward master. In this capacity he served about one year; it was, however, over three years before he finally left the service, and when discharged he had attained the rank of sergeant. During his term of service, Peavler obtained leave of absence, as he supposed, for ninety days. He came home, and immediately repaired to Ann Arbor and entered the medical class. He was ordered back to duty, however, at the end of fifty days, evidently much to his disappointment. This was about April 1, 1864.

Not until after his final discharge from the army was he enabled to take up again his medical college study. He came to Chicago

then, and entered the Chicago Medical College, and graduated with the class of 1865. His first course of lectures was thus of only two months' duration, while his last was a full term.

His first shingle was hung out in DuQuoin, Ill., with an elderly practitioner by the name of Jones. But the partnership did not last long, and Peavler began business for himself.

In fourteen months from this time—namely September 15, 1866—Dr. Peavler was attacked with cholera and died in ten hours. His was the only case occurring in his town during that season.

Dr. H. Wardner, who was surgeon-in-charge of Mound City Hospital at the time Peavler was there, has written a letter in which he says of him: "He was a young man of delicate constitution, but most excellent character and habits. An honest, faithful physician, he fell a prey to the dread scourge of cholera in the summer of 1866, while at his post amid his patients."

Dr. Peavler was never married. He had been a member of the Sons of Temperance for many years; he was also a member of the order of Good Templars, of the Odd Fellows, and of the Masonic fraternity.

Very curiously, two brothers of Dr. P. had hair and eyebrows perfectly white, and one sister had white hair at birth. None of the rest of the family had this peculiarity.

JAMES FRANCIS FLEMMING.—*Class of 1865.*

Dr. James F. Flemming was born about the year 1843, on North Dearborn, near Kinzie street, Chicago. His parents were both Irish. His father, Wm. Flemming, was by trade a tailor; he had resided in Chicago many years. He was at one time considerably known in connection with local politics. He died about ten years ago; his widow still survives.

Dr. F. was at a very early day sent to a Catholic school, the school since located on the corner of Superior and N. State streets. He continued here until he was eight years of age, when he was put into the College of the same sect as a boarder—a boarding pupil—where he remained until the College was

broken up. Then he was sent to St. Louis and put under the instruction of Rev. Father Dijon. At this time he was about ten years of age. He remained under this teacher two years. He then spent a year in the Brothers' school in St. Louis, when he went to the Cape Girardeau College. Here five full years were spent in study, when the lad returned to Chicago. Not long after his return he was employed as a teacher in the College of the Holy Name, remaining about one year.

His parents had, almost from his infancy, intended him for the priesthood. With this object in view his education had been planned, and had been made thorough.

But about this time he conceived a desire to study medicine. After deliberation, he determined to do this, and entered the office of Prof. Byford as a student. All his lectures were attended in the Chicago College, and he graduated in 1865.

He entered the army in 1864, a few days after his twenty-first birthday; he was connected with the army eleven months, and belonged to a regiment of colored troops.

While in the army he was accidentally thrown from his horse, and so severely injured that he could not longer remain in the service. He was sent home, and died on March 31st, two weeks after his arrival; he died in Mercy Hospital.

Dr. F. was the last survivor of a family of four children. Two died in early childhood. A sister, Ellen M., died only a year before his death—namely, on May 24, 1864.

Dr. F. was never married, nor did he intend to. He entertained a strong hope to the last, which he often expressed, of finally entering the clerical profession. With this view he determined not to marry; but his want of experience in the world, and his high idea of what the priesthood ought to be, made him feel it his duty not to enter it until he became older.

It is said that a piece of ice of the size of a horse chestnut, put into the rectum every two hours, will speedily relieve retention of urine.

ON THE FIRST INSSENSIBILITY FROM ETHER.—Dr. John H. Packard calls attention to the fact that there is a first insensibility produced on the administration of ether, which is followed by a stage of excitement. This first insensibility may be taken advantage of by the surgeon in the performance of slight operations, like opening whitlows, etc., without the trouble to himself and the patient of carrying the process to complete anaesthesia. A little ether is to be poured on a towel, the patient directed to inhale fully, and at the same time raise the hands, and to keep his attention fixed on them. When the hands drop, do the operation promptly.—*Philadelphia Medical Times*, Feb. 15, 1872.

HYPODERMIC INJECTION OF MORPHIA IN DYSENTERY.—Cases of dysentery cured by hypodermic injections of morphia alone are recorded by Dr. Thomas J. Gallagher, of Pittsburgh, Pa., in the *N. Y. Medical Journal*. The pain and tenesmus are instantly relieved by this method, and the cure is much quicker than by the usual procedure; also, the administration of frequent doses of nauseous drugs obviated. From one to two injections, mostly but one, daily, is all that is required.—*Ibid*.

TREATMENT OF DIABETES.—Dr. G. Moore, of Hastings, (*British Med. Journal*), lately read a paper on a case of diabetes of three months standing. The patient had previously been rigorously dieted. Under a bread and milk diet (three pints of the latter daily) and the administration of effervescing salines, with iron, the urine became perfectly free from sugar in a fortnight, and the patient speedily gained flesh and strength. Dr. Moore expressed himself strongly in favor of the free use of milk in such cases.

MONEY RECEIPTS TO MARCH 1ST, 1872.—Drs. Peck and Moore, \$3.00; Dr. F. N. Foote, \$3.00; H. Wardner, \$6.00; J. O. Harriott, \$3.00; C. H. Harvey, \$3.00; N. Shilling, \$3.00; S. S. Strayer, \$3.00; D. J. McMillan, \$3.00; W. H. Byford, \$6.00; R. C. Hamill, \$3.00; Thos. Bevan, \$6.00; S. J. Jones, \$6.00; A. Fisher, \$3.00; B. Wilson, \$3.00; T. D. Palmer, \$9.00; Thomas L. Jacker, \$9.00; Joseph Tefft, \$5.00; J. A. Parmenter, \$3.00; W. P. Welch, \$3.00; E. A. Shafer, \$2.00; M. O. Heydock, \$3.00; C. S. Ford, \$6.00; S. Marks, \$3.00; D. Norcom, \$6.00; I. N. Lilly, \$3.00; S. D. Humphrey, \$3.00; H. W. Kendall, \$6.00; R. Ludlam, \$3.00; C. Goodbroke, \$3.00; C. C. Reichard, \$3.00.

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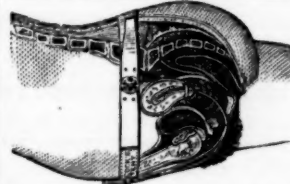
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